Complete Summary

GUIDELINE TITLE

Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke.

BIBLIOGRAPHIC SOURCE(S)

Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. Am J Prev Med 2001 Feb;20(2 Suppl):10-5. [21 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Tobacco use

GUIDELINE CATEGORY

Management
Prevention

CLINICAL SPECIALTY

Preventive Medicine

INTENDED USERS

Health Care Providers
Hospitals
Managed Care Organizations
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To provide recommendations on interventions to reduce tobacco use and environmental tobacco smoke exposure
- To present options appropriate for communities and health care systems, as well as state and national programs

TARGET POPULATION

Environmental tobacco smoke

- All nonsmokers in workplaces, public areas and home environments

Tobacco use initiation

- Tobacco-free children, adolescents, and young adults

Tobacco cessation

- Tobacco users

INTERVENTIONS AND PRACTICES CONSIDERED

Strategies to reduce exposure to environmental tobacco smoke

1. Smoking bans and restrictions
2. Community education

Strategies to reduce tobacco use initiation

1. Increasing the unit price for tobacco products
2. Mass media campaigns

Strategies to increase tobacco use cessation

1. Increasing the unit price for tobacco products
2. Mass media education, such as campaigns, cessation series, and cessation contests
3. Health care system-level interventions, such as provider reminders, provider education, provider reminder plus provider education with or without patient education, provider feedback, reducing patient out-of-pocket costs for effective cessation therapies, and multicomponent patient telephone support

Note: Three interventions currently being evaluated by the Task Force are youth access restrictions, school-based education, and tobacco industry restrictions.

MAJOR OUTCOMES CONSIDERED

Strategies to reduce exposure to environmental tobacco smoke

- Self-reported exposure to environmental tobacco smoke
- Environmental measurements of environmental tobacco smoke components
- Self-reported tobacco use behaviors
- Other outcomes (e.g., knowledge or attitudes) if available and relevant

Strategies to reduce tobacco use initiation

- Self-reported tobacco use behaviors (i.e., use, quantity consumed)
- Other outcomes (e.g., knowledge or attitudes) if available and relevant

Strategies to increase tobacco use cessation

- Self-reported tobacco use behaviors (i.e., cessation, use)
- Population measurements of tobacco product consumption (e.g., state tax paid for cigarettes usually calculated as cigarette packs per capita)
- Other outcomes (e.g., knowledge or attitudes) if available and relevant

Health care system cessation interventions

- Measurements of provider identification of patient smoking status (chart documented, patient self-reported receipt)
- Measurements of provider delivery of advice to quit to tobacco using patients (chart documented, patient self-reported receipt)
- Measurements of patient use of cessation therapies (such as nicotine replacement)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Electronic searches for literature were conducted in Medline, EconLit, and the database of the Office on Smoking and Health (OSH). The OSH database, a focused database of tobacco prevention and control articles, was so complete that the Task Force did not conduct searches of additional electronic databases. The Task Force also reviewed the references listed in all retrieved articles, and consulted with experts on the chapter development team. With very few exceptions (e.g., one final report to the Robert Wood Johnson Foundation), included studies were published in journals. To be included in the review, a study had to:

- Have a publication date of 1980-May 2000.
- Address at least one area in the Task Force's conceptual framework (environmental tobacco smoke, initiation, cessation).
- Be a primary study rather than a guideline or review.
- Take place in an industrialized country or countries.
- Be written in English.

- Meet the evidence review and Community Guide chapter development team's definition of the interventions.
- Provide information on one or more outcomes related to the analytic frameworks.
- Compare a group of persons who had been exposed to the intervention with a group of persons who had not been exposed or who had been less exposed. (The comparisons could be concurrent or in the same group over a period of time.)

The Task Force's initial database searches were conducted in January 1998. A second database search was conducted in August 1999. Any study added after August 1999 was referred by members of the chapter development team or identified in the reference lists of retrieved articles.

NUMBER OF SOURCE DOCUMENTS

243 studies, 77 of which were excluded

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Good: 0-1 study limitations

Fair: 2-4 study limitations

Limited: $\geq$5 study limitations

Studies were evaluated for limitations in execution with respect to the following eight categories:

- Definition and selection of study and comparison population(s)
- Definition and measurement of exposure and intervention
- Assessment of outcomes
- Follow-up and completion rates
- Bias
- Data analysis
- Confounding factors
- Miscellaneous criteria (e.g., lack of statistical power)

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

The Task Force abstracted information from the studies regarding the outcomes of interest specific to the intervention under evaluation. Within each strategy,

however, the outcomes of interest were similar in most cases. Unless otherwise noted, the Task Force represented results of each study as point estimates for the change in tobacco use behavior (or provider behavior) attributable to the interventions. They then calculated the percentage point changes (absolute percentage change) and baselines using formulas provided in Appendix A of the companion document. Additional description of the methods used to analyze the body of evidence of effectiveness can be found in Appendix A of the companion document titled "Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke" (Hopkins DP, Briss PA, Ricard CJ, et al. Am J Prev Med 2001;20[2S]:16-66).

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Other

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Task Force recommendations are based primarily on the effectiveness of interventions as determined by the systematic literature review process. In making recommendations, the Task Force balances information about the effectiveness of an intervention with information about other potential benefits and potential harms. To determine how widely a recommendation should apply, the Task Force also considers the applicability of the intervention in various settings and populations. Finally, the Task Force reviews economic analyses of those interventions found to be effective and summarizes applicable barriers to intervention implementation. Economic information is provided to assist the reader with decision making but generally does not affect the Task Force´s recommendation.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

In general, strength of evidence of effectiveness corresponds directly to strength of recommendations. Recommendations are rated as:

- Strongly Recommended (supported by strong evidence)
- Recommended (supported by sufficient evidence)
- Insufficient evidence to determine effectiveness

COST ANALYSIS

Each of the "Recommended" or "Strongly Recommended" interventions included a systematic review of information from economic evaluations.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The guideline was submitted for extensive peer review, including review at various stages by a "consultant team," an external team of subject matter and methodologic experts, focus group testing for clarity and content, and peer review of the finished product by agencies and professional groups.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The recommendations in this guideline complement those provided in the Public Health Service's Treating tobacco use and dependence guideline, and present a range of effective options for increasing and improving patient tobacco use cessation.

Intervention Recommendations

The Task Force on Community Preventive Services evaluated the evidence of effectiveness of 14 selected interventions, presented in three sections: (1) strategies to reduce exposure to environmental tobacco smoke; (2) strategies to reduce tobacco use initiation; and (3) strategies to increase tobacco use cessation.

Strategies to Reduce Exposure to Environmental Tobacco Smoke

Smoking bans and restrictions: Strongly recommended. Smoking bans and restrictions are policies and regulations that ban or limit the consumption of tobacco products in designated areas. These include private business and employer policies, organization regulations, and government laws and ordinances. Laws and ordinances can establish minimum standards to protect workers in private-sector workplaces, as well as ban or restrict smoking in public areas and workplaces.

Smoking bans and restrictions are strongly recommended on the basis of strong scientific evidence that they reduce exposure to environmental tobacco smoke: (1) in a wide range of workplace settings and adult populations; (2) when applied at different levels of scale, from individual businesses to entire communities; and (3) whether used alone or as part of a multicomponent community or workplace intervention.

In addition to evidence of effectiveness in reducing workplace exposure to environmental tobacco smoke, several qualifying studies observed a significant reduction in daily consumption of cigarettes by workers subject to a smoking ban or restriction. Some of the qualifying studies that evaluated smoking bans observed increases in tobacco use cessation and/or reductions in tobacco use prevalence in their study populations.

Community education: Insufficient evidence. Community education provides information to parents, other occupants, and visitors to the home about the importance of reducing or eliminating environmental tobacco smoke to protect nonsmoking adults and children. Education interventions attempt to motivate household members to modify smoking habits to reduce exposure of nonsmokers

to indoor environmental tobacco smoke (by establishing home policies restricting or banning smoking) if they cannot quit entirely.

The Task Force review identified only one qualifying study of community-wide education interventions including an environmental tobacco smoke component, an insufficient number of studies for assessing the effectiveness of the intervention.

Strategies to Reduce Tobacco Use Initiation

Increasing the unit price for tobacco products: Strongly recommended. Interventions to increase the unit price for tobacco products include legislation at the state or national level to raise the product excise tax. Although other factors also affect tobacco product pricing, excise tax increases historically have resulted in equivalent or larger increases in tobacco product price.

Interventions to increase the price of tobacco products are strongly recommended by the Task Force based on strong evidence of effectiveness in reducing tobacco use prevalence in study populations of adolescents and young adults. In addition, increasing the price for tobacco products is also effective in: (1) reducing population consumption of tobacco products, and (2) increasing tobacco use cessation (described below in the section, Strategies to Increase Tobacco Use Cessation).

Mass media campaigns: Strongly recommended (when combined with other interventions). Campaigns are mass media interventions of an extended duration, using brief, recurring messages to inform and to motivate children and adolescents to remain tobacco-free. Message content is developed through formative research, and message dissemination includes the use of paid broadcast time or print space (as advertisements), donated time and space (as public service announcements), or a combination of paid and donated time and space.

None of the studies identified in the review evaluated the impact of campaigns implemented alone. Therefore, the Task Force evaluated the evidence of effectiveness of mass media campaigns when implemented with additional interventions, such as tobacco product excise tax increases, school-based education, or other community programs. In most of the evaluated studies, however, the media campaign was the dominant intervention implemented.

Mass media campaigns are strongly recommended by the Task Force based on strong evidence of effectiveness in reducing tobacco use prevalence among adolescents when implemented in combination with tobacco price increases, school-based education, and/or other community education programs.

Strategies to Increase Tobacco Use Cessation

Increasing the unit price for tobacco products: Strongly recommended. Interventions to increase the unit price of tobacco products include state and federal legislation raising the excise tax on these products. Although other factors also affect tobacco product pricing, excise tax increases historically have resulted in equivalent or larger increases in tobacco product prices.

Interventions to increase the price of tobacco products are strongly recommended by the Task Force based on strong evidence of effectiveness in: (1) reducing population consumption of tobacco products; (2) reducing tobacco use initiation (described above in the section on Strategies to Reduce Tobacco Use Initiation); and (3) increasing tobacco cessation. Excise tax increases demonstrated evidence of effectiveness in a variety of populations and when implemented at both the national and state levels.

Mass Media Education

These community-wide interventions provide tobacco product users with cessation information and motivation to quit, through the use of broadcast and print media. The Task Force review of the available evidence distinguished among three types of mass media interventions (campaigns, cessation series, and cessation contests) that differ in the duration, intent, and intensity of the media messages.

Campaigns: Strongly recommended (when combined with other interventions). Campaigns are mass media interventions of an extended duration, using brief, recurring messages to inform and to motivate tobacco product users to quit. Message content is developed through formative research, and message dissemination includes the use of paid broadcast time and/or print space (as advertisements), donated time and space (as public service announcements), or a combination of paid and donated time and space.

None of the studies identified in this review evaluated the impact of campaigns when implemented alone. Therefore, the Task Force evaluation of the evidence of effectiveness concerns mass media campaigns when implemented with additional interventions, such as excise tax increases, and other community education efforts. In several studies, however, the mass media campaign was the dominant intervention implemented.

Multicomponent interventions that include a mass media campaign are strongly recommended by the Task Force based on strong evidence of effectiveness in (1) reducing population consumption of tobacco products, and (2) increasing cessation among tobacco product users. The Task Force recommendation is based primarily on the effectiveness of long-duration, high-intensity campaigns implemented and evaluated in three states (California, Massachusetts, and Oregon) in which use of mass media was coordinated with an excise tax increase and funding for other community and school-based education programs. These campaigns used messages developed through formative research, and purchased broadcast time and print space.

Cessation series: Insufficient evidence. Cessation series are mass media interventions using recurring instructional segments to recruit, inform, and motivate tobacco product users to initiate and to maintain cessation efforts. Cessation series can be coordinated with pre-series broadcast or print promotion, community education such as distribution of self-help cessation materials, and organization of cessation groups in the community. The series can extend for a period of several weeks to several months, and can be delivered as nightly or weekly segments on news or informational broadcasts, which provide expert advice or peer group experiences on a variety of cessation issues (for example, dealing with the symptoms of withdrawal).

Based on available scientific evidence, the Task Force found insufficient evidence to assess the effectiveness of cessation series. The available evidence was deemed insufficient on the basis of (1) inadequate comparison populations or groups, and (2) inconsistent results.

Cessation contests: Insufficient evidence. Cessation contests are short-duration, community-wide events using mass media for the promotion, recruitment, and motivation of tobacco product users to commit to quit on a targeted cessation date or during a specified period. The Task Force evaluation included contests that offered additional incentives for participation and successful cessation, as well as targeted quit events conducted without additional incentives.

The Task Force review identified only one qualifying study of cessation contests, an insufficient number of studies for assessing the effectiveness of the intervention. Most of the identified studies provided assessments of cessation rates in contest participants without a comparison population or group. The Task Force conclusion was based on (1) too few studies, and (2) insufficient comparison/control groups.

Health Care System-Level Interventions

Provider reminders: Recommended. Provider reminders involve efforts to identify tobacco product-using patients and to prompt providers to discuss and/or advise patients on cessation. Techniques by which reminders are delivered include chart stickers, vital sign stamps, medical record flow sheets, and checklists. The content of provider reminders can vary, and provider reminder systems are often combined with other interventions, such as provider education and patient education. These multicomponent interventions are considered separately below.

Based on sufficient scientific evidence of effectiveness in increasing provider delivery of advice to quit, provider reminders are recommended: (1) whether used alone or as part of a multicomponent intervention (see section on Provider reminder plus provider education, with or without patient education, below) (2) across a range of intervention characteristics (chart stickers, checklists, and flowcharts); and (3) in a variety of clinical settings and populations.

Provider education: Insufficient evidence. Provider education involves giving information about tobacco and tobacco use cessation to providers, to increase their knowledge or change their attitudes. Techniques by which information is delivered include lectures, written materials, videos, and continuing medical education seminars. Provider populations include physicians, nurses, physician assistants, health care students, and other office staff. Provider education efforts are frequently combined with other interventions, such as provider reminders and patient education efforts. These multicomponent interventions are considered separately below.

After a review of the scientific evidence, the Task Force found insufficient evidence to assess the effectiveness of provider education alone. The Task Force considered the available evidence insufficient on the basis of (1) inconsistent results in increasing provider advice to quit, and (2) an insufficient number of studies measuring differences in patient cessation.

Provider reminder plus provider education, with or without patient education: Strongly recommended. Multicomponent efforts to increase tobacco use cessation include implementation of provider reminders and efforts to educate providers to identify and to intervene with tobacco-using patients, as well as to provide supplementary educational materials when indicated.

Multicomponent interventions that include a provider reminder system and a provider education program, with or without educational materials for tobacco-using patients, are strongly recommended on the basis of strong evidence that this combination (1) increases provider delivery of advice to quit to tobacco-using patients, and (2) increases patient tobacco use cessation. The Task Force recommendation reflects the evidence of effectiveness of the most common combination evaluated, as the contribution of the individual components to overall effectiveness of these interventions could not be determined.

Provider feedback: Insufficient evidence. Feedback interventions use assessment of provider performance in delivering tobacco use cessation information or advice to patients, to inform and motivate providers. Retrospective assessments are conducted through chart reviews or computerized medical records. Assessment and feedback interventions can also involve other activities, such as provider education, and these combinations are considered in this section.

After a review of the scientific evidence, the Task Force found insufficient evidence to assess the effectiveness of provider feedback when used alone or in combination with other interventions. The Task Force considered the evidence insufficient on the basis of (1) the small number of studies (n=3), and (2) an insufficient number of studies providing measurements of changes in provider advice to quit or measurements of changes in patient tobacco use cessation.

Reducing patient out-of-pocket costs for effective cessation therapies: Recommended. This intervention includes efforts to reduce the financial barriers to patient use of cessation therapies that have previously demonstrated evidence of effectiveness. Techniques include providing the services within the health care system, or providing coverage to or reimbursement of patients for expenditures on cessation groups, or on nicotine replacement or other pharmacological therapies.

Reducing patient out-of-pockets costs for effective cessation therapies is recommended by the Task Force on the basis of sufficient scientific evidence of effectiveness in (1) increasing use of the effective therapy, and (2) increasing the total number of tobacco-using patients who quit.

Multicomponent patient telephone support: Strongly recommended. Patient telephone support interventions provide tobacco product users with cessation counseling or assistance in attempting to quit and to maintain abstinence. Telephone support can be reactive (tobacco user initiates contact) or proactive (provider initiates contact or user initiates contact with provider-initiated follow-up). Techniques for delivery of telephone support include the use of trained counselors, health care providers, or taped messages in single or multiple sessions. Telephone support sessions usually follow a standardized protocol for providing advice and counseling. The telephone support component is usually

combined with other interventions, such as patient educational materials, formal individual or group cessation counseling, or nicotine replacement therapies.

Multicomponent cessation interventions that include telephone support are strongly recommended by the Task Force based on a strong body of evidence that this combination intervention (1) increases patient tobacco cessation, and (2) is effective in both clinical settings and when implemented community-wide. It was not possible in this evaluation to determine the effect of the telephone support component alone. The minimum effective combination evaluated by the Task Force was community-wide, proactive telephone support (proactive follow-up) combined with patient education materials.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations are based on 166 qualifying studies, all of which had good or fair execution. The Task Force links evidence to recommendations systematically. The strength of evidence of effectiveness corresponds directly to the strength of recommendations (see the "Major Recommendations" field). A detailed description of the evidence is provided in the companion document titled "Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke" (Hopkins DP, Briss PA, Ricard CJ, et al. Am J Prev Med 2001;20[2S]:16-66).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The recommendations provided in the guideline can assist communities in assembling a comprehensive program consisting of interventions with demonstrated evidence of effectiveness. Community development and maintenance of a comprehensive, multifaceted strategy may reduce exposure to environmental tobacco smoke, reduce tobacco use initiation, and increase tobacco cessation. Improvements in each category may contribute to reductions in tobacco-related morbidity and mortality, and success in one area may contribute to improvements in the other areas as well.

Benefits (i.e., positive health effects) specific to recommended interventions are detailed in the companion document.

POTENTIAL HARMS

Negative health effects were not identified in the literature or by the development team for many of the recommended interventions.

Increasing the unit price for tobacco products

Several effects of tobacco product price increases that might reduce (but would not eliminate) the potential health benefits caused by increases in cessation and reductions in consumption were identified in one review. These effects include (1) legal, individual cross-border purchases of tobacco products; (2) substitution of tobacco products (e.g., smokeless tobacco for cigarettes) created by unequal taxation on different kinds of tobacco products; and (3) modification of individual tobacco use behaviors, such as smoking cigarettes longer or changing to a higher-tar, higher-nicotine brand.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The Task Force recommendations are based primarily on the evidence of effectiveness of interventions as implemented, evaluated, reported, and published. A Task Force finding of insufficient evidence does not imply evidence of ineffectiveness of the intervention, but does identify areas of uncertainty and specific continuing research needs. In these instances it should not be inferred that the targeted outcomes are not important in a comprehensive community effort. The evidence of effectiveness of community education efforts to reduce environmental tobacco smoke exposure in the home environment, for example, was evaluated as insufficient based on the lack of qualifying studies. The Task Force assessment nevertheless recognizes the importance of efforts to reduce environmental tobacco smoke exposure in the home, the primary source of exposure for infants and children.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

A starting point for communities and health care systems is an assessment of current tobacco use prevention and control activities. Current efforts should be compared with recommendations in the guideline as well as other relevant program recommendations proposed by Centers for Disease Control and Prevention, the National Cancer Institute, the Public Health Service, the Department of Health and Human Services, and the Institute of Medicine. In addition to assessing overall progress toward goals, health planners must identify and address the community differences in tobacco use and environmental tobacco smoke exposure that contribute to disparities in health. The implementation of effective interventions tailored to settings and populations with higher prevalence rates of tobacco use, such as low socioeconomic populations and some racial/ethnic groups, is important to the success of comprehensive tobacco control efforts.

The prominent barriers to implementing the interventions to reduce tobacco use and exposure to environmental tobacco smoke are described in the guideline document.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. Am J Prev Med 2001 Feb;20(2 Suppl):10-5. [21 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001

GUIDELINE DEVELOPER(S)

Task Force on Community Preventive Services - Independent Expert Panel

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Task Force on Community Preventive Services

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline is subject to periodic updates.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Task Force on Community Preventive Services Web site. Also available from the National Library of Medicine's Health Services/Technology Assessment Text (HSTAT) Web site.

Print copies: Available from the Community Guide Branch, Epidemiology Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop K-73, Atlanta, GA 30341.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

Guideline Summary:

- Strategies for reducing exposure to environmental tobacco smoke, increasing tobacco-use cessation, and reducing initiation in communities and health-care systems. A report on recommendations of the Task Force on Community Preventive Services. MMWR Recomm Rep 2000 Nov 10;49(RR-12):1-11. Available from the Centers for Disease Control and Prevention (CDC) Web site: Portable Document Format (PDF) File; HTML File

Evidence Review:

- Hopkins DP, Briss PA, Ricard CJ, Husten CG, Carande-Kulis VG, Fielding JE, Alao MO, McKenna JW, Sharp DJ, Harris JR, Woollery TA, Harris KW, Task Force on Community Preventive Services. Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. Am J Prev Med 2001 Feb;20(2 Suppl):16-66.

Guideline-Specific Background Articles:

- Satcher D. Note from the Surgeon General [Tobacco]. Am J Prev Med 2001 Feb;20(2 Suppl):1.

- Warner KE. Tobacco control policy. From action to evidence and back again. Am J Prev Med 2001 Feb;20(2 Suppl):2-5.
- Curry SJ, Fiore MC, Burns ME. Community level tobacco interventions: perspectives of managed care. Am J Prev Med 2001 Feb;20(2 Suppl):6-7.
- Wasserman MP. Guide to community preventive services--state and local opportunities for tobacco use reduction. Am J Prev Med 2001 Feb;20(2 Suppl):8-9.
- Hopkins DP, Husten CG, Fielding JE, Rosenquist JN, Westphal LL. Evidence reviews and recommendations on interventions to reduce tobacco use and exposure to environmental tobacco smoke: A summary of selected guidelines. Am J Prev Med 2001 Feb;20(2 Suppl):67-87.

General Background Articles:

- Truman BI, Smith-Akin CK, Hinman AR, Gebbie KM, Brownson R, Novick LF, Lawrence RS, Pappaioanou M, Fielding J, Evans CA, Jr., Guerra F, Vogel-Taylor M, Mahan CS, Fullilove M, Zaza S, Task Force on Community Preventive Services. Developing the Guide to Community Preventive Services—overview and rationale. Am J Prev Med 2000 Jan;18(1 Suppl):18-26.
- Pappaioanou M, Evans CA, Jr. Development of the Guide to Community Preventive Services: A U.S. Public Health Service initiative. J Public Health Manag Pract 1998 Mar;4(2):48-54.
- Zaza S, Lawrence RS, Mahan CS, Fullilove M, Fleming D, Isham GJ, Pappaioanou M, Task Force on Community Preventive Services. Scope and organization of the Guide to Community Preventive Services. Am J Prev Med 2000 Jan;18(1 Suppl):27-34.
- Briss PA, Zaza S, Pappaioanou M, Fielding J, Wright-de Aguero L, Truman BI, Hopkins DP, Mullen PD, Thompson RS, et al. Developing an evidence-based Guide to Community Preventive Services—methods. Am J Prev Med 2000 Jan;18(1 Suppl):35-43.
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- Carande-Kulis VG, Maciosek MV, Briss PA, Teutsch SM, Zaza S, Truman BI, Messonier ML, Pappaioanou M, Harris.J.R., Fielding J, Task Force on Community Preventive Services. Methods for systematic reviews of economic evaluations for the Guide to Community Preventive Services. Am J Prev Med 2000 Jan;18(1 Suppl):75-91.
- Zaza S , Pickett JD. The Guide to Community Preventive Services: update on development and dissemination activities. J Public Health Manag Pract 2001 Jan;7(1):92-4.
- Novick LF, Kelter A. The Guide to Community Preventive Services: a public health imperative. Am J Prev Med. 2001 Nov;21(4 Suppl):13-5.

Users can access the complete collection of companion documents at the Task Force on Community Preventive Services Web site.

Print copies: Available from the Community Guide Branch, Epidemiology Program Office, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop K-73, Atlanta, GA 30341.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on March 16, 2001.

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